

OFFICE OF THE WASHINGTON STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL And/Or REVENUE DISTRIBUTION
TREASURY MANAGEMENT SYSTEM (TMS)
WEB CLIENT LOGON AUTHORIZATION FORM

Name of Entity:

NOTE: Full Access is available only for LGIP applicants, each LGIP person must also be listed on the Transaction Authorization Form.

TM\$ Logon IDs and Passwords are requested for the following

1. ☐Add ☐Delete ☐Update

2. ☐Add ☐Delete ☐Update

LGIP: ☐Full Access ☐View Only **Rev Dist:** ☐View only

LGIP: ☐Full Access ☐View Only **Rev Dist:** ☐View only

Name:	Name:
Title:	Title:
E-mail address:	E-mail address:
Phone:	Phone:

3. ☐Add ☐Delete ☐Update

4. ☐Add ☐Delete ☐Update

LGIP: ☐Full Access ☐View Only **Rev Dist:** ☐View only

LGIP: ☐Full Access ☐View Only **Rev Dist:** ☐View only

Name:	Name:
Title:	Title:
E-mail address:	E-mail address:
Phone:	Phone:

By signature below, I certify I am authorized to represent the institution/agency for the purposes of this transaction.

(Authorized Signature)	(Title)	(Date)
(E-mail address)	(Phone no.)	(Fax no.)

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL
LEGISLATIVE BUILDING
PO BOX 40200
OLYMPIA WA 98504-0200

Date Received: ____ / ____ / ____
Fund Number: _____
Date Updated: ____ / ____ / ____ (for ISD use only)